, Yes 🗆 No 🗸	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	sets, "unearned" ? Do not answer "	Exemptions— Have you excluded from this report any other as because they meet all three tests for exemption
Yes No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ved by the Comm details of such a tr	Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your s
Yes No 🗸	itial Public Offering?	das a part of an in	IPO Did you purchase any shares that were allocated as a part of an initial Public Offering?
QUESTIONS	INFORMATION ANSWER EACH OF THESE QUESTIONS	OR TRUST	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
			If yes, complete and attach Schedule V.
nd the appropriate	Each question in this part must be answered and the appropriate	Yes ☑ No ☐	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?
	If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.
Yes No 🔽	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No V	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?
	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.
n the Yes 🕢 No 🗆	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.
welor 350 Yes □ No ☑	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No 🗸	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?
	If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.
in Tes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🕢 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
	QUESTIONS	THESE	PRELIMINARY INFORMATION ANSWER EACH OF
more than 30 days late.	Termination Date:	☐ Termination	Report ✓ Annual (May 15) □ Amendment
be assessed against anyone who files	Employee be		<i>G</i>
S 45200 DO HARY STATIATIVES	Employing Office:		Filer Member of the U.S. State: KS
(Office Use Only)	(Daytime Telephone)		(Full Name)
2013 MAY 15 PM 5: 09 MC	791		Kevin Wayne Yoder
LEGISLATIVE RESOURCE CENTER	\$ E G !		
	FORM A Page 1 of 6 For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I - EARNED INCOME

Name Kevin Wayne Yoder

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Kansas University of Medicine and Biosciences	Spouse Salary	N/A

	BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
Asse	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) each value exceeding reportable asse "unearned" inc	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Value of Asset Indicate value of asset at close of reporting year. If	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Indicate If asset had purchases (P), sales (S), or exchanges (E)
Provide comple	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	method other than fair	(such as 401(k) plans or IRAs), you may check the "None"	the appropriate box below. Dividends, interest, and capital	reporting year.
For all IRAs and each asset held	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	specify the method used.	-	gains, even if reinvested, must be disclosed as income. Check	
For rental or ot a description, e	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	If an asset was sold during the reporting year and is included only because it	as income. Check "None" if the asset generated no income during the reporting period.	The column is for income	
For an ownership in state the name of the location in Block A.	For an ownership interest in a privately-heid business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	value should be "None." * This column is for assets	-	generated by assets held solely by your spouse or dependent child.	
Exclude: Your I (unless there w \$5,000 or less in the in, or income d Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	or dependent child.			
If you so choos spouse (SP) or optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
For a detailed discuinstruction booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				
JΓ	Capitol Federal Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
φ	Cerner Retirement Plan Am Cent Ultra Inv	\$1,001 - \$15,000	None	NONE	
SP	Cerner Retirement Plan Cerner Corp Stock	\$15,001 - \$50,000	None	NONE	
SP	Cerner Retirment Plan Sptn 500 Index Inst	\$1,001 - \$15,000	None	NONE	
	Commerce Bank Account/CD	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
-	Kevin W. Yoder, PA, dormant law firm, Overland Park, KS	Indefinite	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

 \exists SP SP United Community Bank of Western Kentucky/IRA Cash 2040-Rtmt Residence at 5817 W 100th **KPERS** TIAA CREF - T-C Lifecycle Terrace, Overland Park, KS \$100,001 -\$250,000 \$15,001 -\$50,000 \$1,001 -\$15,000 \$1,001 -\$15,000 Name Kevin Wayne Yoder None None None None NONE NONE NONE NONE Page 4 of 6

SCHEDULE V - LIABILITIES

Name Kevin Wayne Yoder

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 'This column is for liabilities held solely by your spouse or dependent child. Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

SP, DC,		Date Liability		
JT	Creditor	incurred	Type of Liability	Amount of Liability
	PNC Mortgage Company	October 2003	Mortgage on primary residence at 5817 W 100th Terrace, Overland Park, KS 66207	\$100,001 - \$250,000
	Citimortgage	October 2003	Mortgage on primary residence at 5817 W 100th Terrace, Overland Park, KS 66207	\$15,001 - \$50,000
-	US Department of Education	May 2002	Student Loan	\$15,001 - \$50,000
SP	US Department of Education	December 2005	Student Loan	\$50,001 - \$100,000
SP	Sallie Mae, Inc	December 2005	Student Loan	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Kevin Wayne Yoder

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position Name of Organization President Kevin W. Yoder, PA Trustee Galluadet University Board of Trustees		
	Position	
	President	Kevin W. Yoder, PA
	Trustee	Galluadet University Board of Trustees